



# George Foster Baseball Camp

\_\_\_\_ Sat., July 8th, 9 – 3 p.m. at Schmidt Fields, ages 8-12

## Permission & Release Form

**NEW Date**



Name \_\_\_\_\_ Age \_\_\_\_\_ Boy/Girl \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(as of July 8, 2006)

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Shirt Size: Youth M L or Adult Sm M L XL XXL XXXL CRC Center \_\_\_\_\_

Mother's / Guardian Name \_\_\_\_\_ Father's / Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

### Emergency Contacts: (Other than parents. Parents will be called first)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List any special limitations, allergies, fears, physical limitations, required assistive devices and/or any required accommodation. \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ My child needs an accommodation, because of the disability, to participate in or enjoy the program. If yes, you will be contacted for additional information.

List any diseases that your child has had and/or any history of hospitalization. \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Transportation will be provided to and from the George Foster Baseball Camp from designated Cincinnati Recreation Commission Community Centers.

Upon returning from the Baseball Camp, please indicate your child's status by initialing below:

\_\_\_\_\_ My child has my permission to remain at the Community Center until the conclusion of youth activities. Please check one of the following:

☐ I will pick up my child at this time.

☐ My child has permission to walk home.

\_\_\_\_\_ I will pick up my child at the Community Center upon returning from the George Foster Baseball Camp.

\_\_\_\_\_ My child has my permission to walk home upon returning to the Center from the George Foster Baseball Camp

### Conditions of Registration

**Registration or entry into the George Foster Baseball Camp constitutes agreement to the following conditions:**

**I give the Cincinnati Recreation Commission's employees, agents, and volunteers, including the George Foster Safe Youth Network, my permission to take my child away from the Center's grounds for all field trips, special events and/or group outings. I understand that I assume full responsibility for my child and his/her behavior during these activities.**

I recognize that there are certain risks of physical injury as a result of my child's participation in this program. I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have, as a result of or my child's participation in the program, against the City of Cincinnati, the Public Recreation Commission, the George Foster Safe Youth Network, their agents, employees and volunteers.

I do hereby fully release and discharge the City of Cincinnati, the Public Recreation Commission, the George Foster Safe Youth Network, and their agents, employees and volunteers from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my child's participation in the program.

I further agree to indemnify, defend and hold harmless the City of Cincinnati, the Public Recreation Commission, the George Foster Safe Youth Network, and their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the activities of the program.

I have read fully and fully understand this release form. Before registration in this program is valid, this release form must be signed by the participant's parent or legal guardian.

I hereby execute this waiver and release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this waiver and release on behalf of such minor.

Signature of Parent/Guardian \_\_\_\_\_ Date of Registration \_\_\_\_\_  
Return to: CRC Athletic Div. 805 Central Ave. #800, Cincinnati, Ohio 45202